

**Sensitive but Unclassified (SBU) Information****REPORT OF POSITIVE INVESTIGATION**

| STORE NAME AND ADDRESS   | CASE IDENTIFICATION NUMBER | DATE    |
|--|----------------------------|---------|
| Amigos Grocery And Candy Store Corp<br><br>760 Allerton Ave<br><br>Bronx, NY 10467 | *Redacted                  | 5/23/19 |

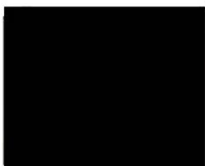
1 Investigator(s) and 0 Confidential Informant(s) made 4 visit(s) to the subject store during the period 4/26/2019 through 5/6/2019. On 3 visit(s), violations of the Supplemental Nutrition Assistance Program (SNAP) regulations occurred. Details of each transaction are attached.

Number of Surveillance Visit(s) 0

**REMARKS:****CERTIFICATION:**

This report consists of 4 exhibit(s) letter(s) A to D totaling 9 pages. The facts stated in this declaration are true to my knowledge. If I am called to testify as a witness in any proceeding, I am competent to testify to the matters stated herein. Further declarant sayeth not. I declare under penalty of perjury the foregoing is true and correct.

**SIGNATURE OF INVESTIGATOR**



5/23/19

**INVESTIGATIVE TRANSACTION REPORT**\*Redacted  
4/26/2019EXHIBIT A  
RESULT: N**DETAILS OF TRANSACTION/VISIT:**

I, [REDACTED], Investigator, [REDACTED], make the following statement freely and voluntarily, knowing that this statement may be used in evidence.

On the above date, at about [REDACTED], I entered the subject store. As the clerk rang up the items, my issued Electronic Benefits Transfer (EBT) card was where it could be viewed by the clerk. I gave the clerk the EBT card, which had a total of \$491.78 in Supplemental Nutrition Assistance Program (SNAP) benefits. The clerk deducted \$2.00 for items purchased from the investigators EBT account. I departed the store at about [REDACTED].

I entered the subject store, placed all items on the counter and presented the EBT card to the clerk for purchase. The clerk removed the non-food item and stated that it could not be purchased using SNAP benefits. I asked the clerk to put the non-food item on the EBT card and the clerk said no. The clerk then completed the transaction for the food items only.

Upon review of the EBT receipt, I noticed the clerk charged \$0.01 more than the total marked purchase price of \$1.99. Upon further review of the receipt, I noticed that the time of transaction was incorrect.

|   |                        |                        |
|---|------------------------|------------------------|
| <b>INVESTIGATIVE TRANSACTION REPORT</b> | *Redacted<br>4/26/2019 | EXHIBIT A<br>RESULT: N |
|---|------------------------|------------------------|

**CLERK INFORMATION**

| SEX  | AGE   | HEIGHT     | WEIGHT                          | HAIR  | OTHER IDENTIFIERS        |
|--|-------|------------|---------------------------------|-------|--------------------------|
| M  | 35-40 | 5'8"-5'11" | 170-180                         | Black | None                     |
| Identification During Transaction as: (Name) |       |            | (Title, Relationship to Owner): |       | Means of Identification: |
| Unknown                                      |       |            | Unknown                         |       | None                     |

**EBT BENEFITS ISSUED, USED AND RETURNED:**

| EBT Card Number | Issued Value | Used Value | Returned Value |
|-----------------|--------------|------------|----------------|
| [REDACTED]      | \$491.78     | \$2.00     | \$489.78       |

|                |                          |                        |                     |
|----------------|--------------------------|------------------------|---------------------|
| EBT RECEIPT: Y | CASH REGISTER RECEIPT: N | SALES TAX CHARGED: N/A | AMOUNT CHARGED: N/A |
|----------------|--------------------------|------------------------|---------------------|

| AMOUNT OF PURCHASE [if known] | BENEFITS TRAFFICKED [if applicable] | CASH RECEIVED [if applicable] |
|-------------------------------|-------------------------------------|-------------------------------|
| \$2.00                        | N/A                                 | N/A                           |

**MERCHANDISE RECEIVED [if applicable]:**

| QUANTITY | DESCRIPTION OF ITEM  | TYPE | PRICE  |
|----------|----------------------|------|--------|
| 1        | Bag of chips         | E    | \$0.99 |
| 1        | Bottle of soft drink | E    | \$1.00 |
| 1        | Bottle of cleaner    | R    |        |

NPI - NO PRICE INDICATED OR ILLEGIBLE

TYPE: E - ELIGIBLE, I - INELIGIBLE, M - MAJOR INELIGIBLE, R - REFUSAL

|   |                        |                        |
|---|------------------------|------------------------|
| <b>INVESTIGATIVE TRANSACTION REPORT</b> | *Redacted<br>4/27/2019 | EXHIBIT B<br>RESULT: P |
|---|------------------------|------------------------|

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**DETAILS OF TRANSACTION/VISIT:**

I, [REDACTED], Investigator, [REDACTED], make the following statement freely and voluntarily, knowing that this statement may be used in evidence.

On the above date, at about [REDACTED], I entered the subject store. As the clerk rang up the items, my issued Electronic Benefits Transfer (EBT) card was where it could be viewed by the clerk. I gave the clerk the EBT card, which had a total of \$475.71 in Supplemental Nutrition Assistance Program (SNAP) benefits. The clerk deducted \$5.00 for items purchased from the investigative EBT account. I departed the store at about [REDACTED].

I entered the subject store, placed all items on the counter and presented the EBT card to the clerk for purchase. The clerk made no mention of the non-food item being purchased using SNAP benefits and completed the transaction.

Upon review of the receipt, I noticed the time of transaction was incorrect.

|   |                        |                                |
|---|------------------------|--------------------------------|
| <b>INVESTIGATIVE TRANSACTION REPORT</b> | *Redacted<br>4/27/2019 | <b>EXHIBIT B<br/>RESULT: P</b> |
|---|------------------------|--------------------------------|

**CLERK INFORMATION**

| <i>SEX</i>  | <i>AGE</i> | <i>HEIGHT</i> | <i>WEIGHT</i>                              | <i>HAIR</i> | <i>OTHER IDENTIFIERS</i>         |
|---|------------|---------------|--|-------------|----------------------------------|
| M   | 25-30      | 5'8"-5'11"    | 160-170                                    | Black       | None                             |
| Identification During Transaction as: (Name)<br>Unknown |            |               | (Title, Relationship to Owner):<br>Unknown |             | Means of Identification:<br>None |

**EBT BENEFITS ISSUED, USED AND RETURNED:**

| EBT Card Number | Issued Value | Used Value | Returned Value |
|-----------------|--------------|------------|----------------|
| [REDACTED]      | \$475.71     | \$5.00     | \$470.71       |

|                |                          |                        |                     |
|----------------|--------------------------|------------------------|---------------------|
| EBT RECEIPT: Y | CASH REGISTER RECEIPT: N | SALES TAX CHARGED: N/A | AMOUNT CHARGED: N/A |
|----------------|--------------------------|------------------------|---------------------|

| AMOUNT OF PURCHASE [if known] | BENEFITS TRAFFICKED [if applicable] | CASH RECEIVED [if applicable] |
|-------------------------------|-------------------------------------|-------------------------------|
| \$5.00                        | N/A                                 | N/A                           |

**MERCHANDISE RECEIVED [if applicable]:**

| <i>QUANTITY</i> | <i>DESCRIPTION OF ITEM</i>                                      | <i>TYPE</i> | <i>PRICE</i> |
|-----------------|---|-------------|--------------|
| 1               | Box of SUNSET HEAVY WEIGHT Casual Premium Cutlery FORKS (24 ct) | I           | NPI          |
| 1               | Bowl of noodle soup   | E           | NPI          |
| 1               | Container of chips  | E           | NPI          |

NPI - NO PRICE INDICATED OR ILLEGIBLE

TYPE: E - ELIGIBLE, I - INELIGIBLE, M - MAJOR INELIGIBLE, R - REFUSAL

|   |                        |                        |
|---|------------------------|------------------------|
| <b>INVESTIGATIVE TRANSACTION REPORT</b> | *Redacted<br>4/28/2019 | EXHIBIT C<br>RESULT: P |
|---|------------------------|------------------------|

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**DETAILS OF TRANSACTION/VISIT:**

I, [REDACTED], Investigator, [REDACTED], make the following statement freely and voluntarily, knowing that this statement may be used in evidence.

On the above date, at about [REDACTED], I entered the subject store. As the clerk rang up the items, my issued Electronic Benefits Transfer (EBT) card was where it could be viewed by the clerk. I gave the clerk the EBT card, which had a total of \$422.23 in Supplemental Nutrition Assistance Program (SNAP) benefits. The clerk deducted \$8.00 for items purchased from the investigative EBT account. I departed the store at about [REDACTED].

I entered the subject store, placed all items on the counter and presented the EBT card to the clerk for purchase. The clerk made no mention of the non-food items being purchased using SNAP benefits and completed the transaction.

Upon review of the receipt, I noticed the time of transaction was incorrect.

|   |                        |                        |
|---|------------------------|------------------------|
| <b>INVESTIGATIVE TRANSACTION REPORT</b> | *Redacted<br>4/28/2019 | EXHIBIT C<br>RESULT: P |
|---|------------------------|------------------------|

**CLERK INFORMATION**

| <i>SEX</i>  | <i>AGE</i> | <i>HEIGHT</i> | <i>WEIGHT</i>                              | <i>HAIR</i> | <i>OTHER IDENTIFIERS</i>         |
|---|------------|---------------|--|-------------|----------------------------------|
| M   | 25-30      | 5'8"-5'11"    | 160-170                                    | Black       | Same as Exhibit B                |
| Identification During Transaction as: (Name)<br>Unknown |            |               | (Title, Relationship to Owner):<br>Unknown |             | Means of Identification:<br>None |

**EBT BENEFITS ISSUED, USED AND RETURNED:**

| EBT Card Number | Issued Value | Used Value | Returned Value |
|-----------------|--------------|------------|----------------|
| [REDACTED]      | \$422.23     | \$8.00     | \$414.23       |

|                |                          |                        |                     |
|----------------|--------------------------|------------------------|---------------------|
| EBT RECEIPT: Y | CASH REGISTER RECEIPT: N | SALES TAX CHARGED: N/A | AMOUNT CHARGED: N/A |
|----------------|--------------------------|------------------------|---------------------|

| AMOUNT OF PURCHASE [if known] | BENEFITS TRAFFICKED [if applicable] | CASH RECEIVED [if applicable] |
|-------------------------------|-------------------------------------|-------------------------------|
| \$8.00                        | N/A                                 | N/A                           |

**MERCHANDISE RECEIVED [if applicable]:**

| <i>QUANTITY</i> | <i>DESCRIPTION OF ITEM</i>                                       | <i>TYPE</i> | <i>PRICE</i> |
|-----------------|--|-------------|--------------|
| 1               | Box of SUNSET HEAVY WEIGHT Casual Premium Cutlery FORKS (24 ct)  | I           | NPI          |
| 1               | Box of SUNSET HEAVY WEIGHT Casual Premium Cutlery SPOONS (24 ct) | I           | NPI          |
| 1               | Bowl of noodle soup  | E           | NPI          |
| 1               | Can of pasta and sauce   | E           | NPI          |

NPI - NO PRICE INDICATED OR ILLEGIBLE

TYPE: E - ELIGIBLE, I - INELIGIBLE, M - MAJOR INELIGIBLE, R - REFUSAL

|   |                       |                        |
|---|-----------------------|------------------------|
| <b>INVESTIGATIVE TRANSACTION REPORT</b> | *Redacted<br>5/6/2019 | EXHIBIT D<br>RESULT: P |
|---|-----------------------|------------------------|

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**DETAILS OF TRANSACTION/VISIT:**

I, [REDACTED], Investigator, [REDACTED], make the following statement freely and voluntarily, knowing that this statement may be used in evidence.

On the above date, at about [REDACTED], I entered the subject store. As the clerk rang up the items, my issued Electronic Benefits Transfer (EBT) card was where it could be viewed by the clerk. I gave the clerk the EBT card, which had a total of \$392.28 in Supplemental Nutrition Assistance Program (SNAP) benefits. The clerk deducted \$8.50 for items purchased from the investigative EBT account. I departed the store at about [REDACTED].

I entered the subject store, placed all items on the counter and presented the EBT card to the clerk for purchase. The clerk made no mention of the non-food items being purchased using SNAP benefits. I attempted to acquire cash for SNAP benefits and the clerk said no. I then had a conversation with the clerk regarding their low inventory on various items and obtaining cash from my EBT card in exchange of purchasing goods for the store. The clerk looked at the cameras in the store, shook his head no and completed the transaction.



|   |                       |                        |
|---|-----------------------|------------------------|
| <b>INVESTIGATIVE TRANSACTION REPORT</b> | *Redacted<br>5/6/2019 | EXHIBIT D<br>RESULT: P |
|---|-----------------------|------------------------|

**CLERK INFORMATION**

| SEX  | AGE   | HEIGHT     | WEIGHT                          | HAIR  | OTHER IDENTIFIERS        |
|--|-------|------------|---------------------------------|-------|--------------------------|
| M  | 35-40 | 5'8"-5'11" | 170-180                         | Black | Same as Exhibit A        |
| Identification During Transaction as: (Name) |       |            | (Title, Relationship to Owner): |       | Means of Identification: |
| Unknown                                      |       |            | Unknown                         |       | None                     |

**EBT BENEFITS ISSUED, USED AND RETURNED:**

| EBT Card Number | Issued Value | Used Value | Returned Value |
|-----------------|--------------|------------|----------------|
| [REDACTED]      | \$392.28     | \$8.50     | \$383.78       |

|                |                          |                        |                     |
|----------------|--------------------------|------------------------|---------------------|
| EBT RECEIPT: Y | CASH REGISTER RECEIPT: N | SALES TAX CHARGED: N/A | AMOUNT CHARGED: N/A |
|----------------|--------------------------|------------------------|---------------------|

| AMOUNT OF PURCHASE [if known] | BENEFITS TRAFFICKED [if applicable] | CASH RECEIVED [if applicable] |
|-------------------------------|-------------------------------------|-------------------------------|
| \$8.50                        | N                                   | None                          |

**MERCHANDISE RECEIVED [if applicable]:**

| QUANTITY | DESCRIPTION OF ITEM  | TYPE | PRICE |
|----------|--|------|-------|
| 1        | Box of SUNSET HEAVY WEIGHT Casual Premium Cutlery FORKS (24 ct)  | I    | NPI   |
| 1        | Box of SUNSET HEAVY WEIGHT Casual Premium Cutlery SPOONS (24 ct) | I    | NPI   |
| 1        | Box of soup  | E    | NPI   |
| 1        | Container of chips   | E    | NPI   |
|          | Cash   | R    |       |

NPI - NO PRICE INDICATED OR ILLEGIBLE

TYPE: E - ELIGIBLE, I - INELIGIBLE, M - MAJOR INELIGIBLE, R - REFUSAL